

Please type a plus sign (+) inside this box →

Approved for use through 10/31/2002. OMB 0651-0035
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/585,382
Filing Date	July 6, 2006
First Named Inventor	Timothy G Geiser et al.
Group Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	5275

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

A Power of Attorney or Authorization of Agent is submitted herewith.

AND

Please change the correspondence address for the above-identified application to:

Customer Number

22896

22896

PATENT TRADEMARK OFFICE

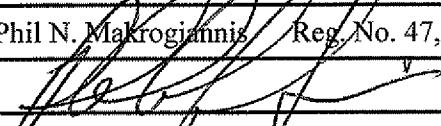
OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State		Zip
Country			
Telephone	Fax		

I am the:

- Applicant/Inventor.
- Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (PTO/SB/96)
- Attorney or agent of record.

SIGNATURE of Applicant, Assignee of Record, or Attorney of Record

Name, Reg. No.	Phil N. Makrogiannis	Reg. No. 47,766
Signature		
	Date	February 12, 2008

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

* Total of _____ forms are submitted.

Please type a plus sign (+) inside this box → +

Approved for use through 10/31/2002. OMB 0651-0035

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	10/585,382
Filing Date	July 6, 2006
First Named Inventor	Timothy G. Geiser et al.
Group Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	5275

I hereby appoint:

 Practitioners at Customer Number

22896

22896

PATENT TRADEMARK OFFICE

OR Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

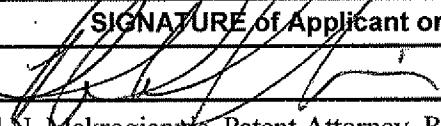
Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.**OR**

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Phil N. Makrogiannis, Patent Attorney, Reg. No. 47,766	Date	February 12, 2008

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

 * Total of _____ forms are submitted.